

Received 6/4/12
Amount 1275.00 NF
80.00 PC

61856 - Dover Manor, Inc.

Application for License to Operate a Long-term Care Facility

I. IDENTIFICATION

Name Dover Manor
Address 112 Dover Drive
City/County/Zip Georgetown, Scott, Ky 40324
Telephone number 502-863-9529
Administrator Michael C. Fielder
Date facility operation began at current address 1975
Date facility began operation under current owner 1975

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>85</u>	<u>85</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

State	<input checked="" type="radio"/> Profit	Individual
County	<input type="radio"/> Nonprofit	Partnership
City		<input checked="" type="radio"/> Corporation
<input checked="" type="radio"/> Private		

I. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners. see attached

\$1275
RECEIVED

JUN 04 2012

OFFICE OF INSPECTOR GENERAL

(OVER)

15

If facility owned or leased by a corporation, complete the following:

Name of corporation *see attached*

Address of corporation

President or Chairman

Vice President

Secretary

Treasurer

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

NA If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

NA Name and address of parent corporation and/or management company, if applicable.

Parent

Management Company

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

Michael C. Felder
Signature of authorized representative

VP
Title

6-25-12
Date

Return Application and fee to:

Office of Inspector General
275 East Main Street, 5E-A
Frankfort, Kentucky 40621

OIG 5
(10/2002)

DOVER MANOR
P.O. BOX 529
GREENVILLE, KY. 42345
270-338-2401
270-338-2405 (FAX)

dovermanor@yahoo.com

25% INTEREST IN DOVER MANOR:

ROBIN CHALKLEY

LUANNE FIELDEN

OFFICERS OF CORPORATION:

JUDSON CHALKLEY, PRES.

MICHAEL FIELDEN, VP

ROBIN CHALKLEY, SEC.

LUANNE FIELDEN, TREAS.